

Program Memorandum Carriers

Department of Health and
Human Services (DHHS)
HEALTH CARE FINANCING
ADMINISTRATION (HCFA)

Transmittal B-01-32

Date: APRIL 26, 2001

CHANGE REQUEST 1656

SUBJECT: Health Insurance Portability and Accountability Act Health Care Claim and Coordination of Benefits

This Program Memorandum (PM) provides carriers, Durable Medical Equipment Regional Carriers (DMERCs), and their standard systems maintainers clarification/changes to final decisions regarding implementation of version 4010 of the inbound X12N-837 Health Care Claim established with the 004010X098 Implementation Guide. These changes are based on recommendations from the electronic data interchange functional workgroup (EDI FWG). The EDI FWG consists of members from HCFA, Part B contractors, and standard system maintainers. These instructions reflect changes to Transmittal B-01-06, dated February 6, 2001.

Health Care Claim

Translators

The requirement in Transmittal B-01-06 regarding acceptance of the basic character set on an inbound X12N 837 has been changed to:

- You must accept the basic character set on an inbound X12N 837, plus lower case and the @ sign which are part of the extended character set. Refer to appendix A, page A2, of the implementation guide for a description of the basic character set. Your translator may reject an interchange that contains any other characters submitted from the extended character set.

The requirement in Transmittal B-01-06 regarding translator editing of the BHT segment has been removed. The envelope editing requirement has been changed to:

- Your translators are to edit the envelope segments (ISA, GS, ST, SE, GE, and IEA) in order that the translation process can immediately reject an interchange, functional group, or transaction set not having met the requirements contained in the specific structure which could cause software failure when mapping to the X12N-based flat file. You are not required to accept multiple functional groups (GS/GE) within one interchange.

Implementation Guide Edits

Your standard system is developing implementation guide edits for all possible data on the inbound X12N 837. If you or your standard system maintainer encounters an error when editing non-Medicare data, include language on your reports that not only is the data in error, but the data is not required by Medicare.

The *effective date* for this PM is April 26, 2001.

The *implementation date* for this PM is July 1, 2001.

These instructions should be implemented within your current operating budget.

For DMERCs only: HCFA is preparing contract modifications. Do not begin work on this PM until the modification is executed.

This PM may be discarded after October 1, 2002.

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